

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/926566**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		1				
6		1				
7		1				
8	1					
9	1					
10		1				
11		1				
12		1				
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14	1					
15	1					
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50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	9	↓	14	↓		↓
TOTAL CLAIMS	15		20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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53						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS